

State of Delaware Group Health Insurance Plan
COBRA Rates Effective 7/1/2016

<u>Health Plan</u>	<u>Coverage Type</u>	<u>Premium</u>
Highmark Delaware First State Basic	Individual + Child(ren)	\$1,078.16
	Individual + Spouse	\$1,467.45
	Family	\$1,834.39
	Individual Only	\$709.27
Aetna HMO	Individual + Child(ren)	\$1,132.73
	Individual + Spouse	\$1,561.19
	Family	\$1,948.02
	Individual Only	\$740.46
Delta Dental PPO Plus Premier	Individual + Child(ren)	\$73.28
	Individual + Spouse	\$74.64
	Family	\$122.28
	Individual Only	\$36.58
Dominion HMO Dental	Individual + Child(ren)	\$50.14
	Individual + Spouse	\$46.53
	Family	\$68.10
	Individual Only	\$25.01
EyeMed Vision Plan	Individual + Child(ren)	\$10.61
	Individual + Spouse	\$10.40
	Family	\$17.12
	Individual Only	\$6.59
Highmark Delaware HMO/IPA	Individual + Child(ren)	\$1,133.87
	Individual + Spouse	\$1,566.13
	Family	\$1,953.99
	Individual Only	\$741.05
Highmark Delaware - Medicare Supplement w/rx	Individual Only	\$435.13
Highmark Delaware - Medicare Supplement wo/rx	Individual Only	\$246.70
Highmark Delaware Comprehensive PPO	Individual + Child(ren)	\$1,247.93
	Individual + Spouse	\$1,680.29
	Family	\$2,100.59
	Individual Only	\$809.74
Highmark Delaware CDH Gold	Individual + Child(ren)	\$1,121.55
	Individual + Spouse	\$1,522.06
	Family	\$1,933.65
	Individual Only	\$734.07
Aetna CDH Gold	Individual + Child(ren)	\$1,121.55
	Individual + Spouse	\$1,522.06
	Family	\$1,933.65
	Individual Only	\$734.07